

PART B - FEE(S) TRANSMITTAL

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22898 7590 02/20/2008
LAW OFFICES OF MIKIO ISHIMARU
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Joana Gunawan

(Depositor's name)



April 23, 2008

(Signature)

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/760,026	01/16/2004	Raymond L. Chong	21-004.C1	8498

TITLE OF INVENTION: SYSTEM AND METHOD FOR MONITORING A PACKET NETWORK

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> \$720 <input checked="" type="checkbox"/> \$1440	\$300	\$0	<input type="checkbox"/> \$1020 <input checked="" type="checkbox"/> \$1740	05/20/2008
EXAMINER	ART UNIT	CLASS-SUBCLASS				
ABELSON, RONALD B	2619	370-252000				

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Mikio Ishimaru

2 _____
3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

SUNRISE TELECOM INCORPORATED

San Jose, CALIFORNIA

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

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A check is enclosed.
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 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-0374 (enclose an extra copy of this form).

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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature Mikio Ishimaru

Date April 23, 2008

Typed or printed name Mikio Ishimaru

Registration No. 27449

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